

Name in Full

Certificate of Death

Levies Adams

Town

County

Died at Waystoun Wosburyton

MARYLAND

Month Day Y. M. D. Native of

Date 1902

13 26

66 --

Occupation

Male

~~Wife~~

Married

~~Widow~~

Divorced

Number of children living

4

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Lurdelia Adams

Mother's

Jacob Adams

Maiden Name

Daud Kew

How long sick

37da

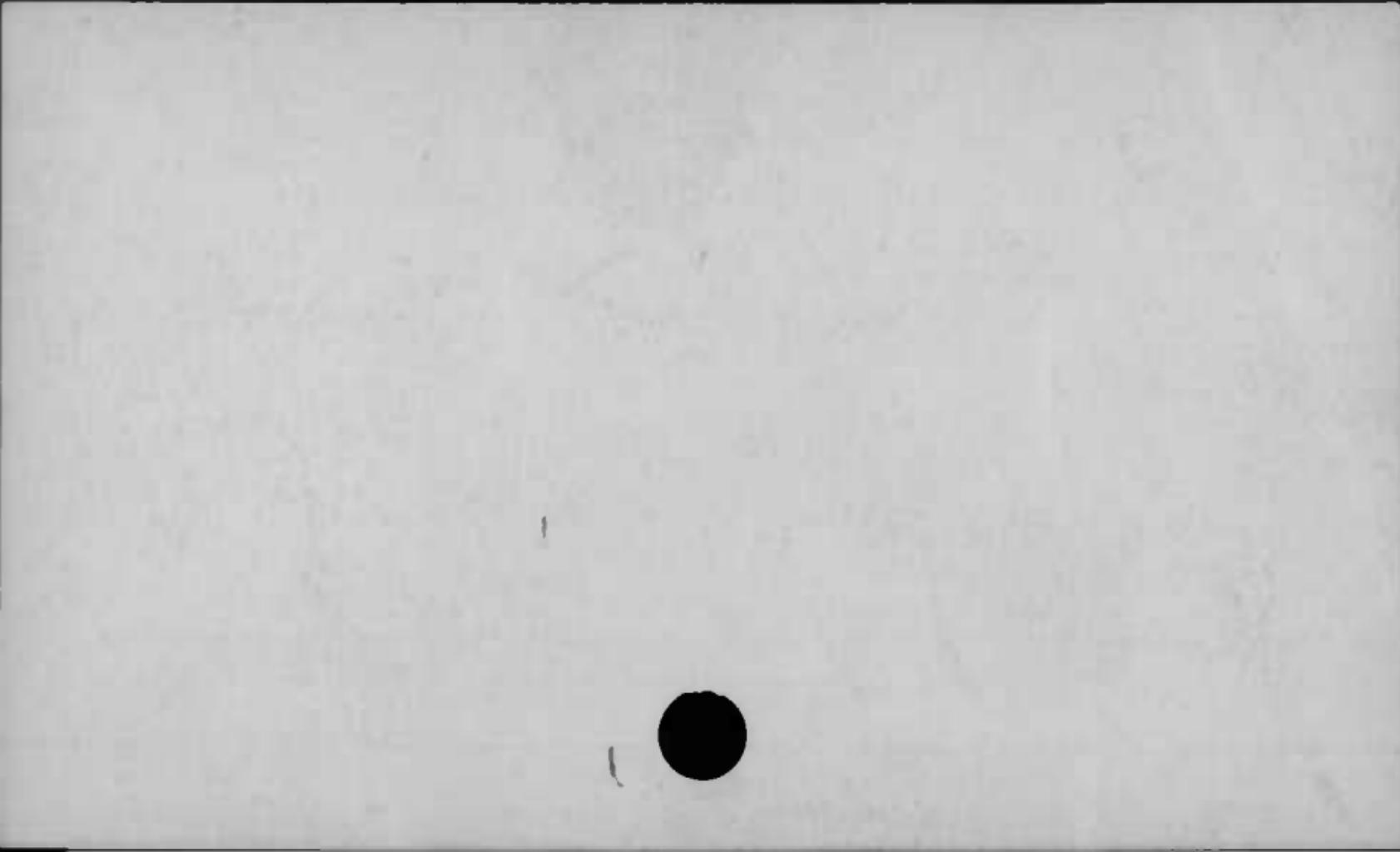
Reported by

Audewut Offocas

Address

Waystoun Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

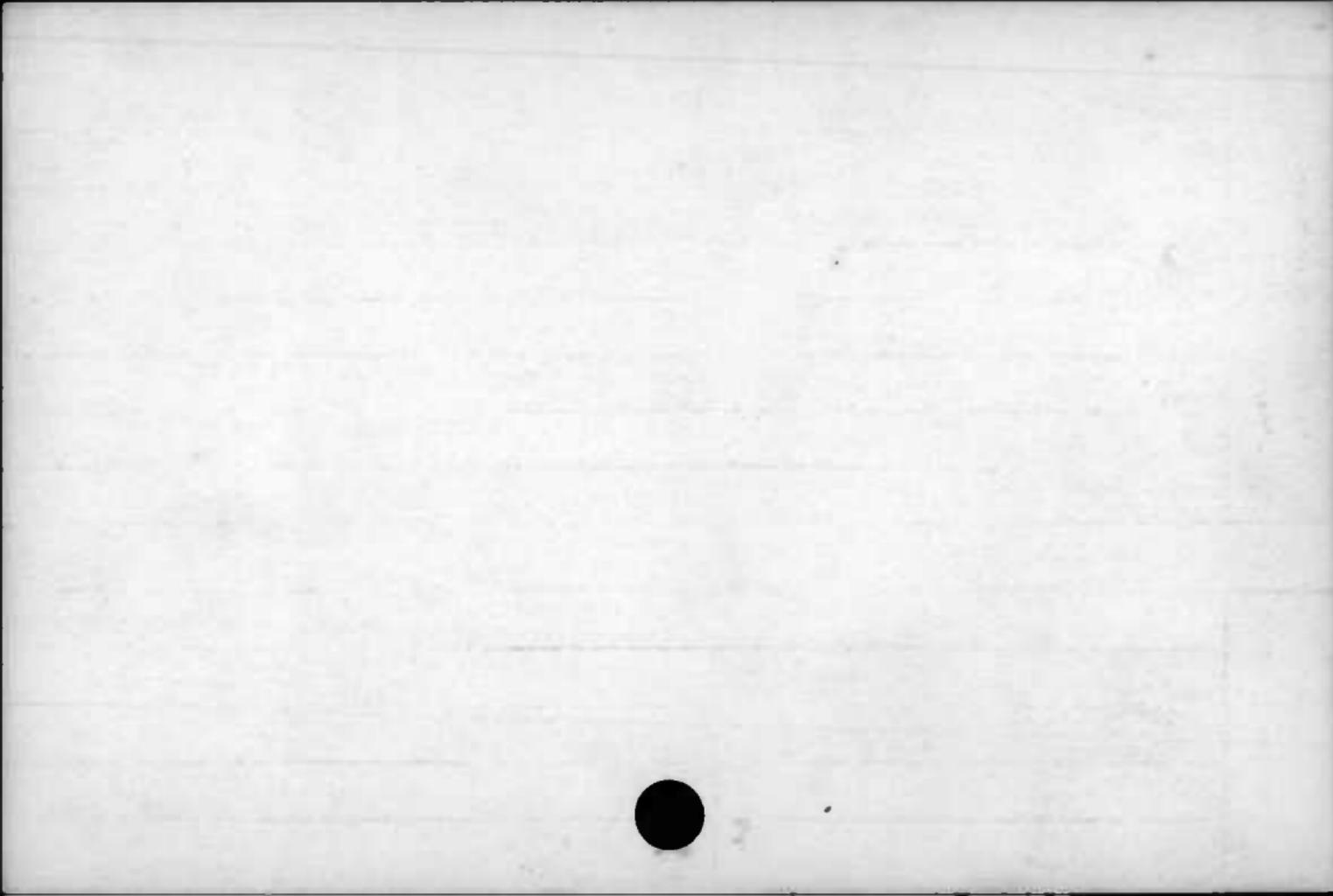
Mabel Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1902	Month 12	Day 27	Age 19	Years	Months	Days
Sex	Female	Color or Race	Black	Occupation	Birth- place	Winchester	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name		Alfred Adams					
Mother's Maiden Name							
Name of person giving Information		Mrs Hill					
CAUSES OF DEATH							
Primary	Urgemic 20						How long
Immediate	Ephæmoration						10 days
Are the name, age sex, color date and place correctly given above?			Signature of Physician		Address		
Accident or Suicide			E. L. Bankam		Hagerstown Md		

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Benjamin Kurtz Ardiiger 119

Died at Town

County

MARYLAND

Wellington Washington

Month Day

Y.

M.

D.

Native of

Occupation

Date 19 02 12 6

Age 77 9 30

Male

White

Married

Widow

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Susan Ardiiger Dec'd

Wife

Father's Name

Mother's

Name

Maiden Name

Cause of Death

Primary

Chronic Gastritis

How long sick

7 Weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr Richardson

Address



JFK Jr. U.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harriet Arzt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Fairplay	Town	Washington	County	MARYLAND		
Date of death 1902	Month Dec	Day 1	Age 68	Years	Months	Days	25-
Sex Female	Color or Race White	Birth-place Md					
Married, Single or Widowed Widowed	Occupation Housewife						
Name of Husband Samuel Arzt							
Father's Name John Stiffler	Father's Birthplace Md						
Mother's Maiden Name Catharine Ritzmiller	Mother's Birthplace Md						
Name of person giving information Lydia Rowland	How related to deceased Sister						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phtisis Pulmonalis	How long	2 years
Immediate	Exhaustion	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B.M. Reichard
Yes		Address	Fairplay, Washington co.
Accident or Suicide			



Name
in
Full

William Edgar Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown -		County Wash		MARYLAND	
Date of death 1907	Month 12	Day 20	Age —	Months 6	Days 27
Sex Male	Color or Race White.	Birth-place Maryland			
Married, Single or Widowed single -	Occupation —				
Name of Wife or Husband —					
Father's Name William F. Bailey					Father's Birthplace
Mother's Maiden Name Ida V. McCurdy					Mother's Birthplace
Name of person giving Information W. F. Bailey					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia Q.V

How long

3 weeks

Immediate

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

yes

Kictin D. Miller, Jr.
Hagerstown, Md.

Accident or Suicide?



Name
in
Full

Margaret Virginia Bellman

CERTIFICATE OF DEATH

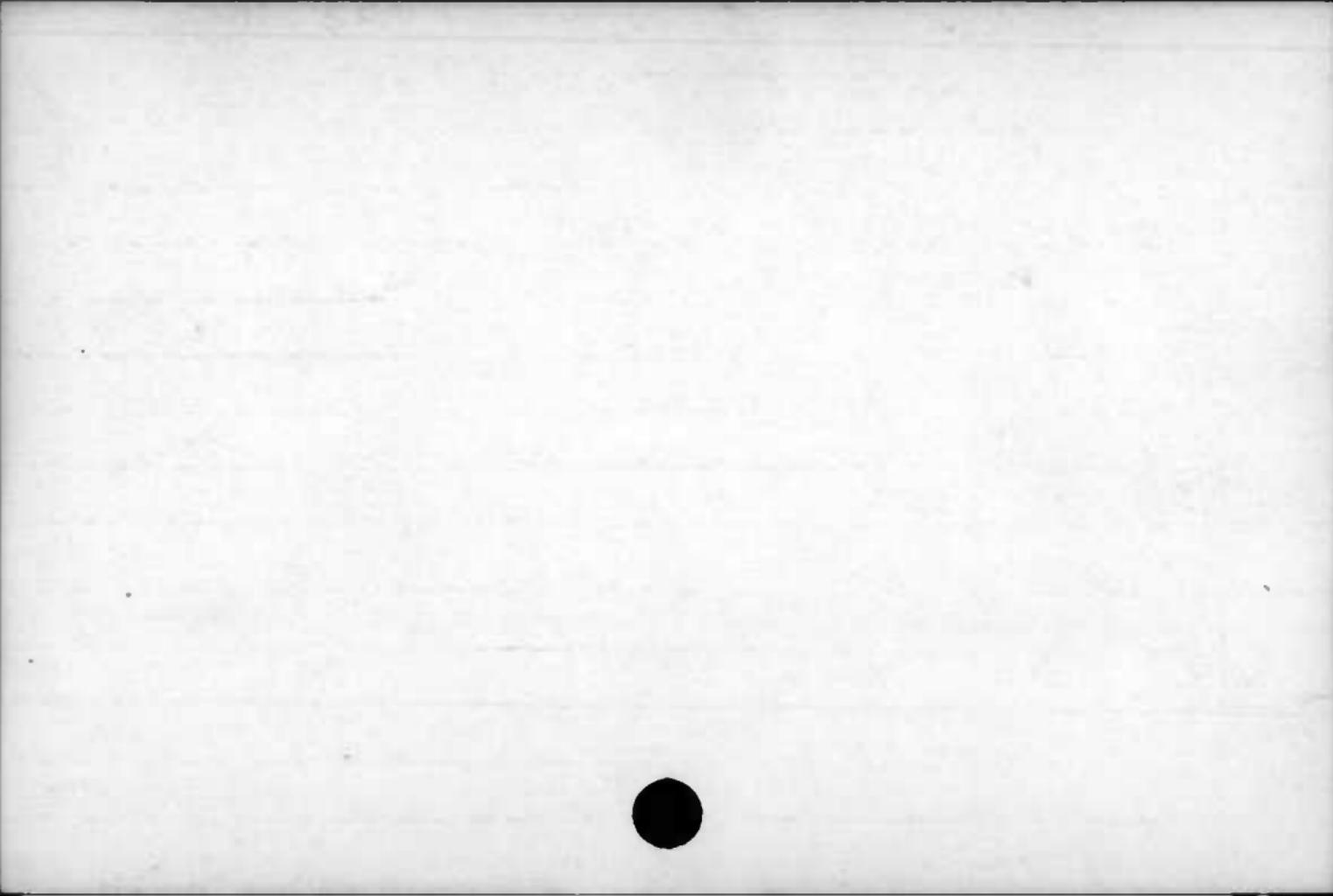
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Oscar Bellman Jr			Father's Birthplace	Md.
Mother's Maiden Name	Bertha, O Wiles			Mother's Birthplace	Md.
Name of person giving Information	Bertha O. Bellman			How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	105
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. Weston Miller
		Address	Hagerstown Md.
Accident or Suicide?			



Name
in
Full

Girard Berger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County				
Died at	Hagerstown	Washington	County		MARYLAND		
Date of death 190	2	Month 12	Day 15	Age 73	Years	Months 3	Days 1.
Sex	Male	Color or Race	White	Birth-place	Pa		
Married, Single or Widowed	Widowed	Occupation	Carpenter				
Name of Wife or Husband	Leah Gimmeiman						
Father's Name	Wm Berger		Father's Birthplace	Pa			
Mother's Maiden Name	Not known		Mother's Birthplace	Pa			
Name of person giving information	Wm. J. Berger		How related to deceased	Son			

CAUSES OF DEATH

Primary Organic Heart Disease How long One year

Immediate

79 How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. M. P. Scou
Hagerstown, Md.

PHYSICIAN
OR CORONER

Method of Suicide



118

Died at	Town			County	Native of			Occupation
	Month	Day		Washington	I	nd		
Date 19	02	Dec 2		Y.	M.	D.		
Male	White	Age	Married	Widow	Divorced			
Female	Colored	Single		Widower	Number of children living			
Husband of								
Wife								
Father's Name	Luther Betts			Mother's Maiden Name	Florence Mowen			
Cause of Death	Primary	Dead Born			How long sick			
	Immediate							
Reported by	Mrs Agnes Pettit							
Address	J. J. Kuehn M.D. & Son							
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.								



Name
in
Full

C. G. Boyer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Germany.
Married, Single or Widowed	Occupation	Married Merchant Tailor			
Name of Wife or Husband	Marguerite Garmon				
Father's Name	Christian Boyer			Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	"
Name of person giving Information	W. G. Boyer.			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

6 days

Immediate

Respiratory Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

AP. Flanffer

Accident or Suicide?



Name in Full

Certificate of Death

Henry M. Bovey

Near Chesapeake

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Age 86-11-27

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband of

Maria E. Bovey

Wife

Father's

Name

Geo. Bovey

Mother's

Maiden Name

Catharine Rinehart.

Cause of

Primary

Heart Disease & Senility

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

I.M. S. Scott

154

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Jasvin B. Boward

Town

Hagerstown

County

Stark

MARYLAND

Died at

Date 1902

Month Day

Dec. 3

Y. M. D.

120 19 19

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Jewell Boward

Mother's

Maiden Name

Cause of

Primary

Suffocation

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

walter J. Burns

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Dec	Day 17	Years 10	Months 2	Days 7
Sex	Male	Color or Race	white	Birth- place	Smithsburg Md
Married, Single or Widowed	Single	Occupation	Child		
Name of Wife or Husband					
Father's Name	Ges. W. Burns	Father's Birthplace	Md		
Mother's Maiden Name	Katie Macy	Mother's Birthplace	Md		
Name of person giving Information	Ges Burns	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid fever + Meningitis	How long	three weeks
	Immediate	Heart failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. Wilmer Younce M.D.	
		Address	Smithsburg Maryland.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Moses Cary

Town

Died at Hoxton

County

Washington

CERTIFICATE OF DEATH

MARYLAND

Date of death 1902	Month Dec.	Day 18	Age 60	Years 60	Months —	Days —
Sex Male	Color or Race Black	Birth-place Beaver Creek				

Married, Single or Widowed	Occupation Laborer
Married	Laborer

Name of Wife or Husband	Henrietta Cary
Father's Name	Abraham Cary

Mother's Maiden Name	Don't know
Father's Birthplace	Don't know

Name of person giving Information	Henrietta Cary
Mother's Birthplace	" "

How related to deceased	Wife
----------------------------	------

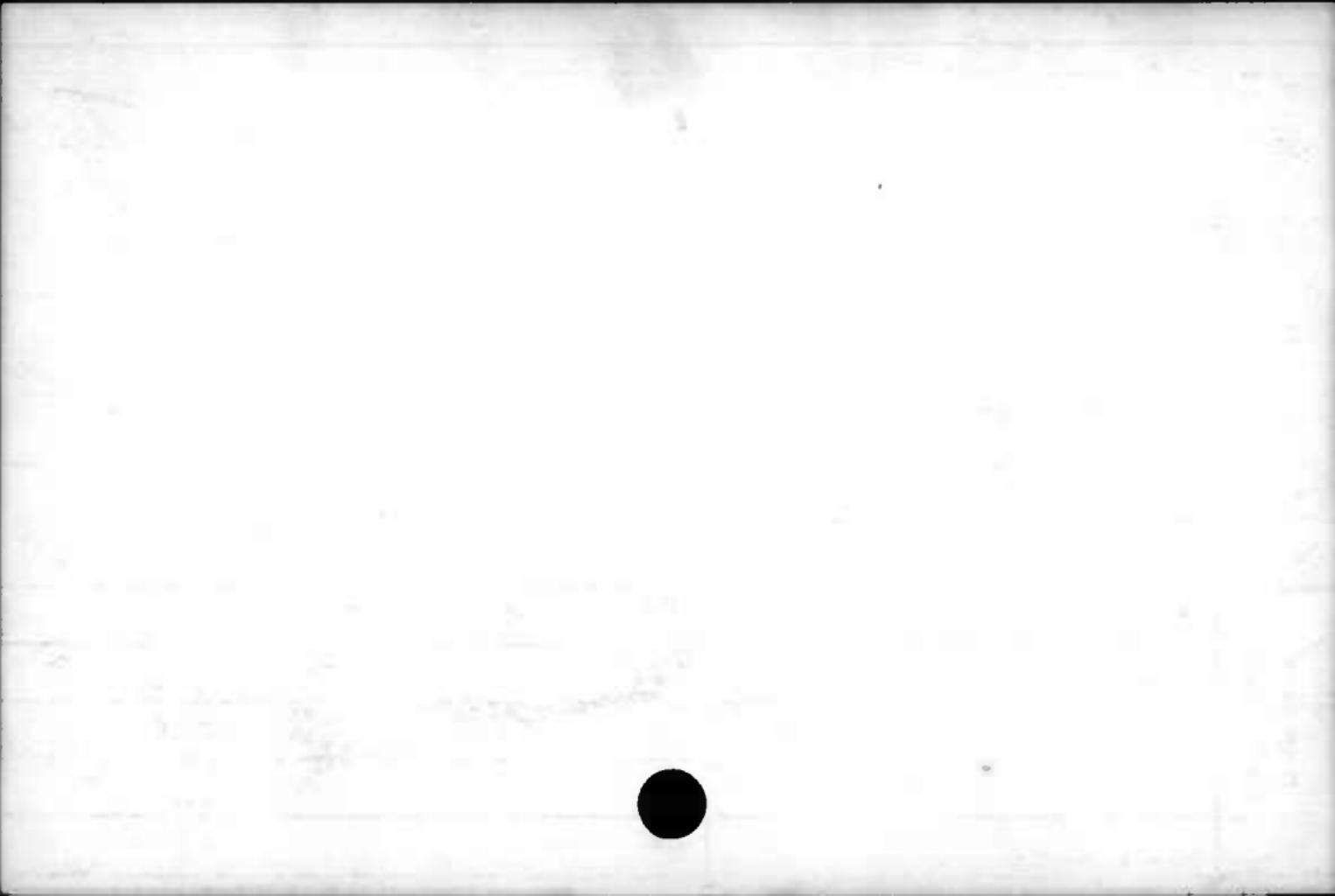
CAUSES OF DEATH

Primary Paralysis	How long 60
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E A Walker
---	---

Address

Accident or Suicide?	16 capitol hwy
----------------------	----------------



Name
in
Full

Mrs Armand A. Clem

CERTIFICATE OF DEATH

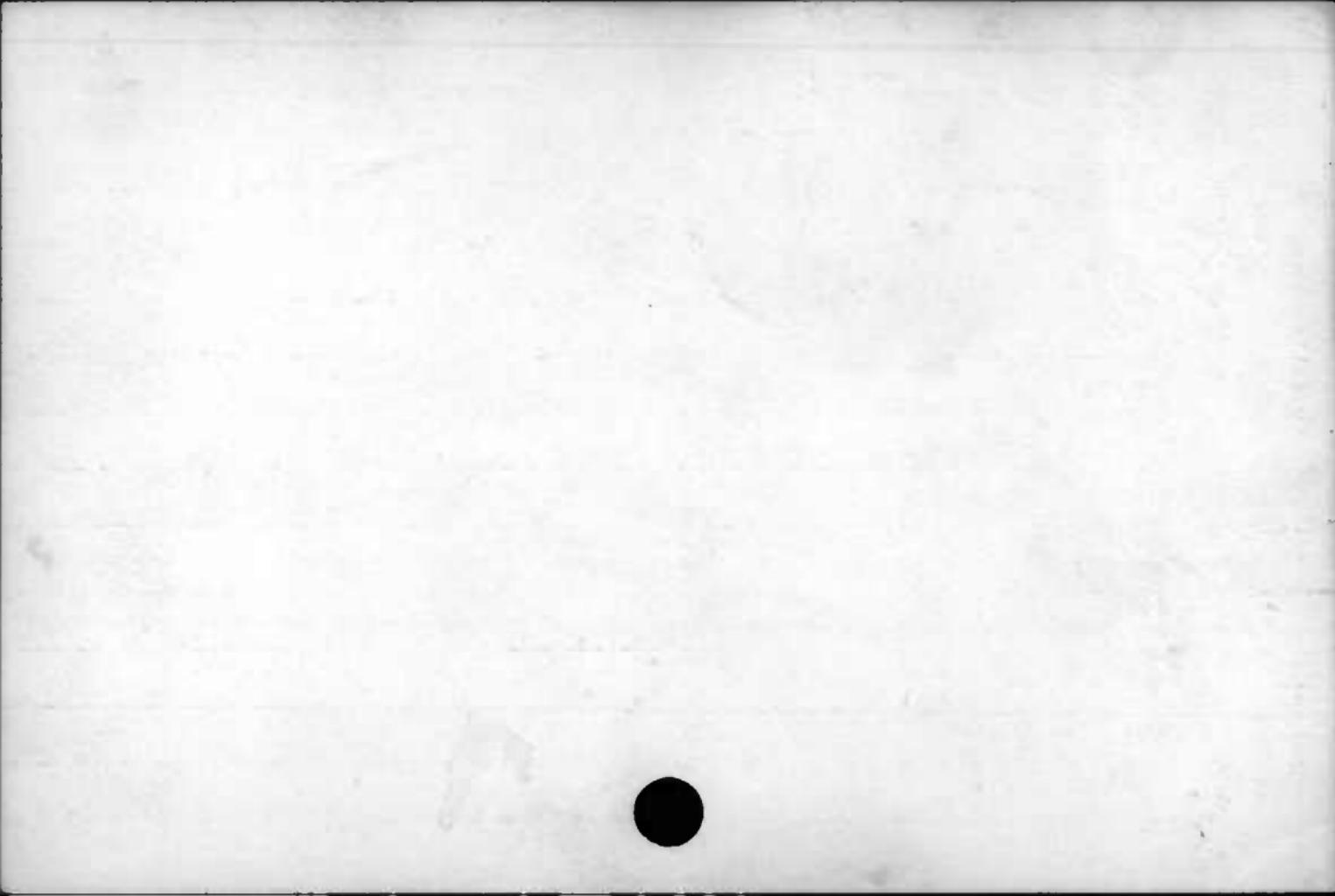
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1902	Month Dec	Day 9	Years 44	Months	Days	
Sex Female	Color or Race	White		Birth-place	Virginia	
Married, Single or Widowed	Occupation	Widow		H.W.		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Birtha Smith		How related to deceased		daughter
CAUSES OF DEATH						
Primary	Paralysis			66	How long	One year
Immediate	Exhaustion				How long	Eight months
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	S. M. Thompson	
				Address	Fagatown Md	

Accident or Suicide?

No



Name
in
Full

Not named. Dugan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Big Pool	Washington				
Date of death 1902	Month 12	Day 8	Age	Years	Months
Sex Female.	Color or Race White	Occupation		Birth- place	Days 4
Married, Single or Widowed				Big Pool	
Name of Wife or Husband					
Father's Name	Edward Dugan				
Mother's Maiden Name	Annie Roman				
Name of person giving Information	Edward Dugan.				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary
unknown ~~151~~ 151 How long

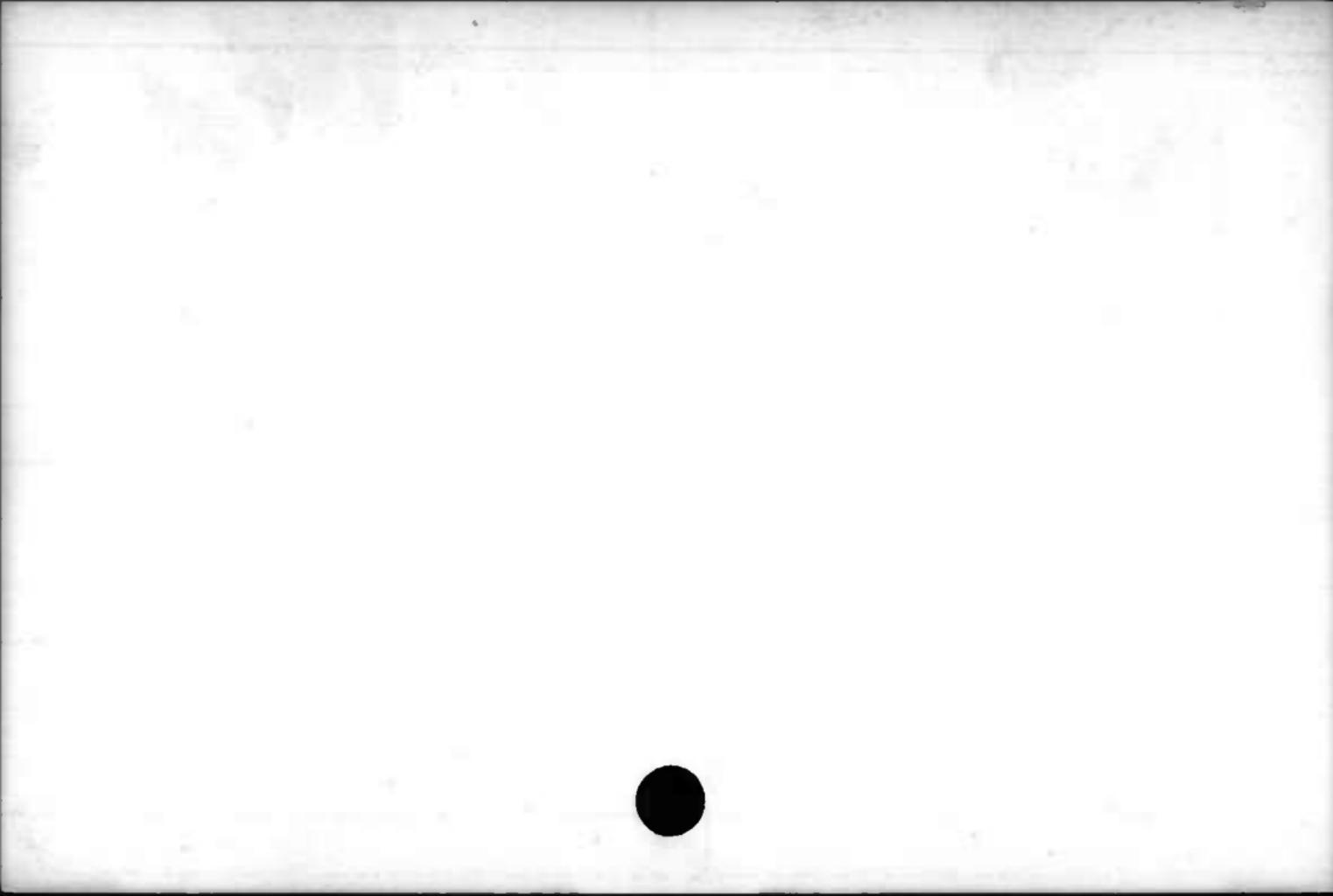
Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Susana H Ely

Town

County

Died at

Mangonuke

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec. 13th Age 41 years 9 months 15 days

Male

White

Married

Widow

Divorced

Female

white Colored

Single

Widower

Number of children living

Husband
of

single

Wife

Father's
Name

John Ely

Mother's

Maiden Name

Cause of

Primary

Niemonea

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Clinton Miller D. Mangan under labor

Address

Mason-tivon 12

Manganville
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J.H. Bangham
Sub-reg

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Ernest						CERTIFICATE OF DEATH	
Fairplay			County			MARYLAND	
Die at	Town	Month	Day	Years	Months	Days	
Date of death 190	2	See	12	Age 72	9	21	
Sex	male	Color or Race	white	Birth-place	Md		
Married, Single or Widowed	Married		Occupation	Farmer			
Name of Wife or Husband	Magdaline Melby						
Father's Name	Daniel Emment			Father's Birthplace	Md		
Mother's Maiden Name	Margaret Earley			Mother's Birthplace	Md		
Name of person giving information	Lilly Emment			How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Liver		How long	8 mos
Immediate	Exhaustion		How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F.M. Reichard	
<input checked="" type="checkbox"/>		Address	Fairplay Washington Co	
Accident or Suicide				



Edna M. Fahrney

Died at	Town	Mapleville	County	Wash -	MARYLAND
Date 1902	Month	Dec 11	Y.	M.	D.
	Day		Age	26	- -
	White	Married	Widow	Divorced	Occupation
Female	Colored	Single	Widower	<u>Number of children living</u>	

Husband
of

Wife

Father's
Name

Inv Fahrney

Mother's

Maiden Name

Cause of

Primary

Acute Phthisis.

27

How long sick
1 year

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

S. S. Davis

Address

Boonsboro

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1911

1911

1911

Name
in
Full

Catharine Flook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town			County		MARYLAND	
Date of death 1902	Month 12	Day 7	Years 81	Months 10	Days 4	
Sex Female	Color or Race White		Birth-place Md			
Married, Single or Widowed Widow	Occupation					
Name of Wife or Husband Henson Flook						
Father's Name Martin Speck	Father's Birthplace					
Mother's Maiden Name Ann Spigler	Mother's Birthplace					
Name of person giving information Mrs Heisley	How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

No.

How long

one week

Immediate

Exhaustion

✓

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. N. O'Brien
Hagerstown

Accident or Suicide?



Name
in
Full

Mrs Anna French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Hagerstown	Washington				
Date of death 1902	Month 12	Day 1	Age 75	Months 2	Days 25
Sex Female	Color or Race White	Birth- place Md			
Married, Single or Widowed Married	Occupation Housewife				
Name of Wife or Husband Andrew J French					
Father's Name Jacob Hidinger				Father's Birthplace	
Mother's Maiden Name Elizabeth Schueler				Mother's Birthplace	
Name of person giving Information Husband				How related to deceased	Wife

CAUSES OF DEATH

Primary	Sunstroke	106	How long 1 year
Immediate	Gastro-Eructus		How long 6 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm Weston Miller	
		Address Hagerstown Md	
Accident or Suicide?			



Name
in
Full

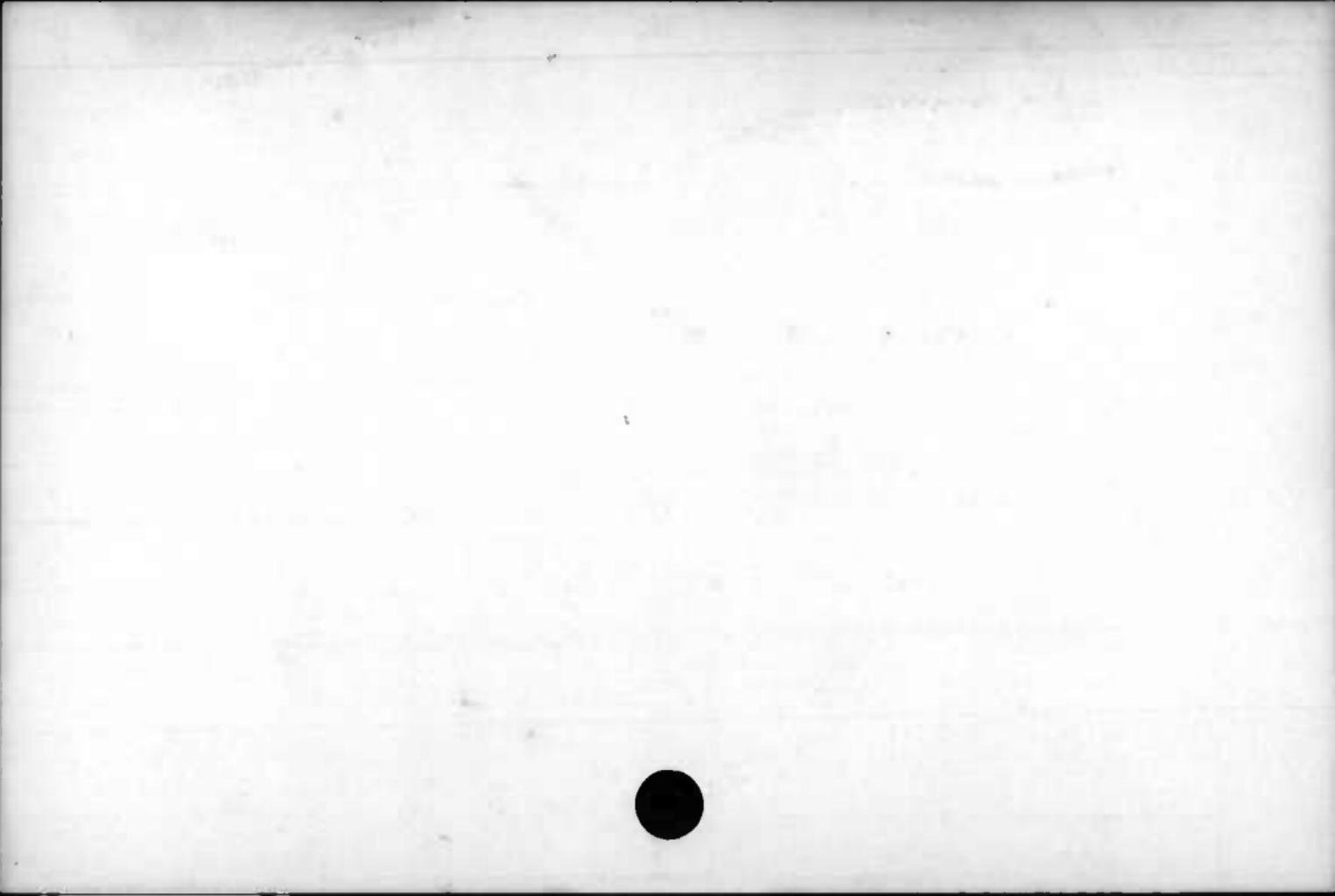
Wm Funkhouser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1902	Month 12	Day 9	Years 61	Months 10	Days 6	
Sex	Male	Color or Race	White	Birth-place	Va		
Married, Single or Widowed	Widower	Occupation	Gardner				
Name of Wife or Husband	Elon M Bula						
Father's Name	Andrew Funkhouser			Father's Birthplace			
Mother's Maiden Name	dmo Erna			Mother's Birthplace			
Name of person giving information	Hera Funkhouser			How related to deceased			
CAUSES OF DEATH							
Primary	Pneumonia 93			How long			
Immediate	Cardiac failure			How long			
Are the name, age, sex, color, date and place correct? given above?				Signature of Physician			
Yer				Address			
Accident or Suicide?				J. M. G. Scou			
				Hagerstown			



Name
in
Full

Louisa Garlock

CERTIFICATE OF DEATH

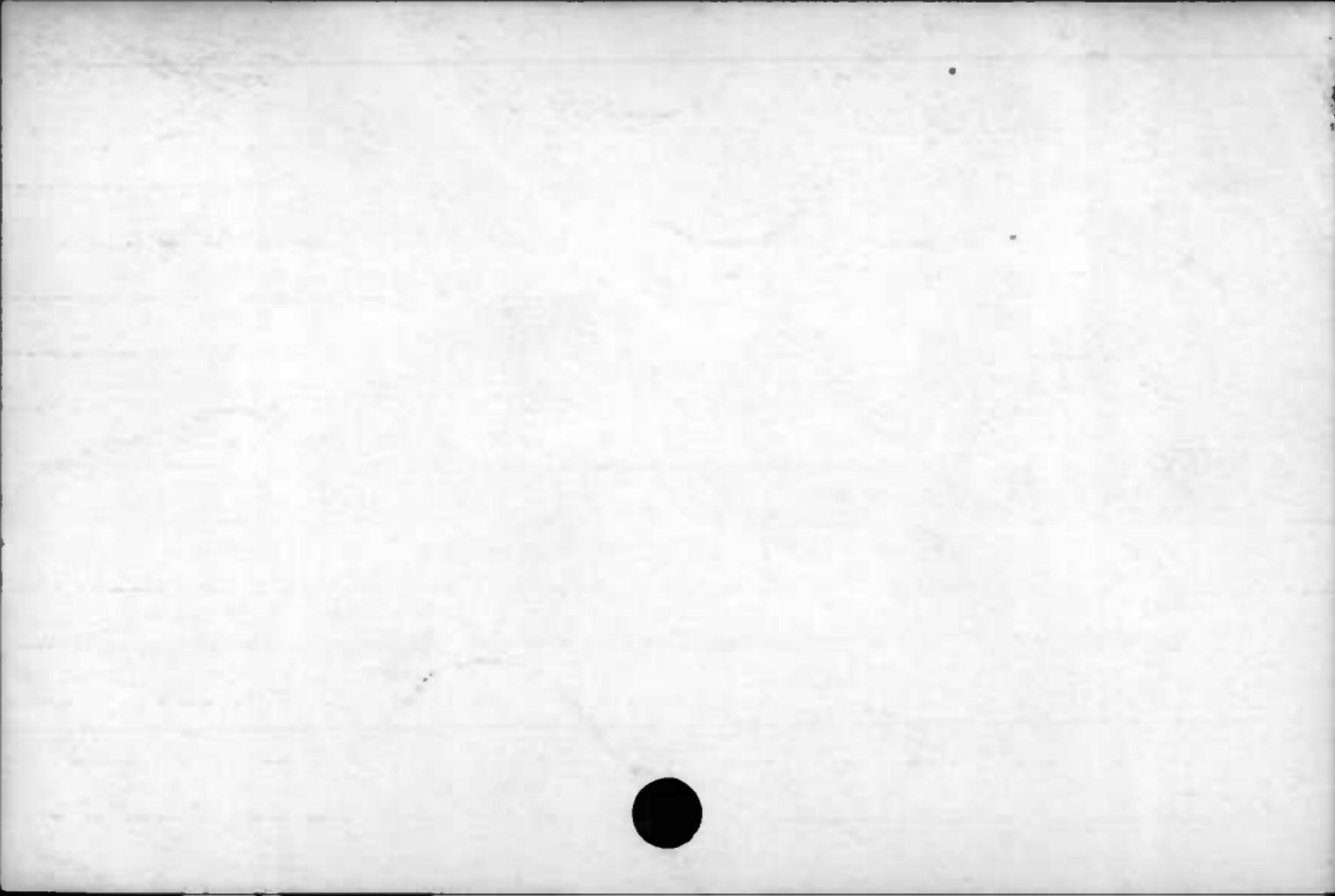
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
2 Dec	15		Age 59	5	21		
Sex Female	Color or Race	white	Occupation	Md.			
Married, Single or Widowed	married		H.W.				
Name of Husband	Geo. Garlock						
Father's Name	John M. Agray		Father's Birthplace	Md.			
Mother's Maiden Name	Lucinda Reed		Mother's Birthplace	Md.			
Name of person giving information	Geo. Garlock		How related to deceased	husband.			

CAUSES OF DEATH

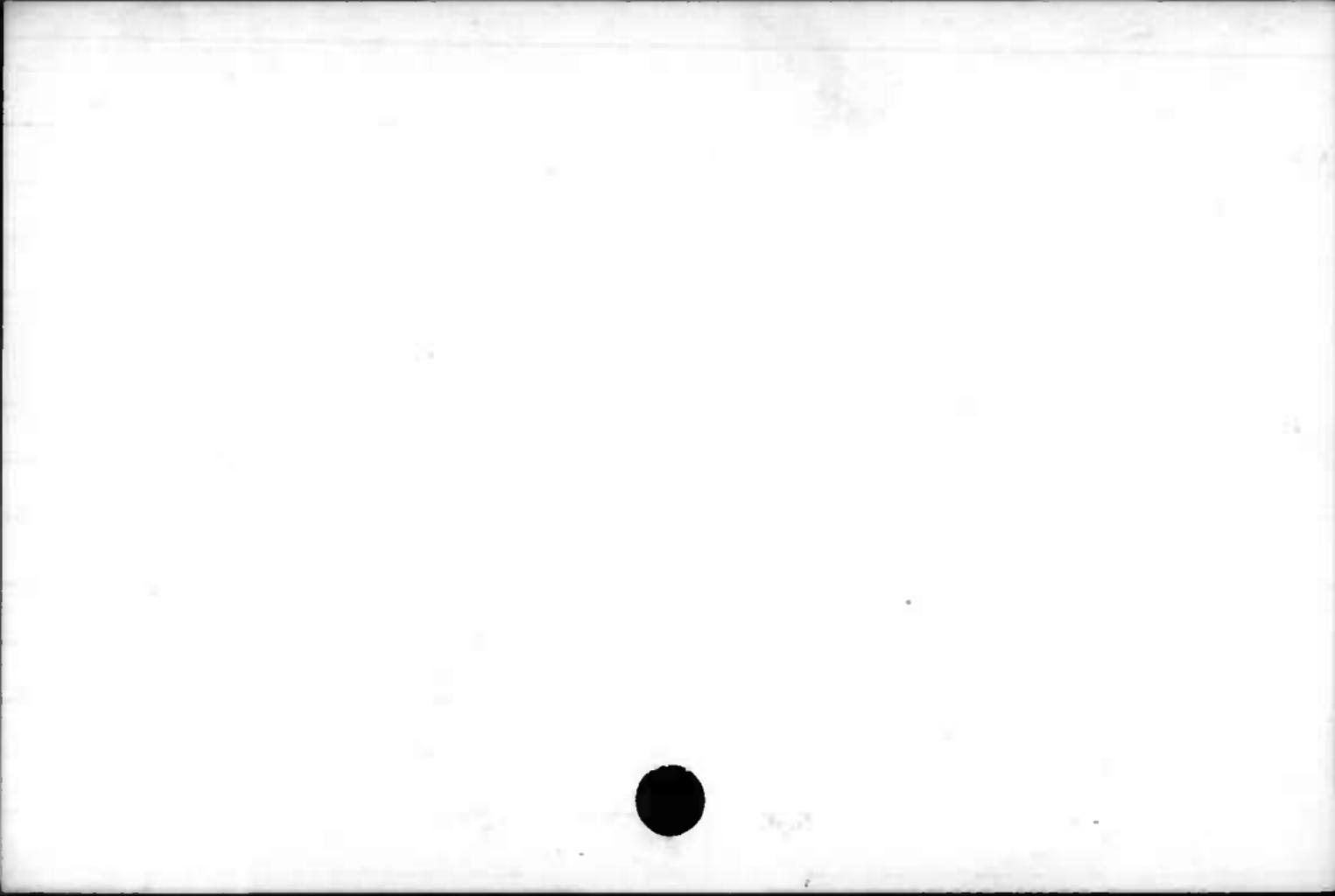
PHYSICIAN
OR CORONER

Primary	Tuberculosis, Pulmonary		How long	9 yrs
Immediate	Cardiac Failure 27		How long	several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address	A P Shaffer, MD	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town	County			
	Hagerstown	Washington	MARYLAND			
Date of death 190	Month 2	Day 2	Years 42	Months 6	Days —	
Sex Female	Color or Race White	Birth- place Md.				
Married, Single or Widowed married	Occupation Housewife					
Name of White Husband Loren Hendrickson						
Father's Name James Neff			Father's Birthplace Md.			
Mother's Maiden Name Not known			Mother's Birthplace Va.			
Name of person giving Information Loren Hendrickson			How related to deceased husband			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Endocarditis	Age 88	How long 10 yrs.			
	Immediate "		How long 5 min.			
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Wm. Martin Miller			
			Address Augusta, Md.			
Accident or Suicide?						



Kate Kennedy

Died at	Town Mapleville	County Washington	MARYLAND
Date 1902	Month Dec.	Day —	Native of Maryland
	Male White	Age —	Occupation —
	Female Colored	Married Single	Widow Widower
Husband of	Number of children living		
Wife			

Father's Name	Edward J. Kennedy	Mother's Maiden Name	Jennie Bette
Cause of Death	Primary Acute tonsillitis lungs. Q.S	How long sick	Six weeks
	Immediate Coughing, weakness.	Accident, Suicide, Homicide	

Reported by	J. Kenneth Wade, M.D.
Address	Bonnieview, Wash. Co., Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Adam Yookabough

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 2	Day 18	Age 66	Years	Months — Days —
Sex Male	Color or Race White	Occupation Hotel Keeper	Birth-place Waynesboro		
Married, Single or Widowod	Married	Fraunces Yaarer	Father's Name Oliver Yookabough	Father's Birthplace	Don't know
Name of Wife or Husband			Mother's Name	Mother's Birthplace	" "
Father's Name					
Mother's Maiden Name	Don't know				
Name of person giving In formation	Fraunces Yookabough		How related to deceased		Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Complete collapse

How long

2 weeks

Immediate

Exhaustion

How long

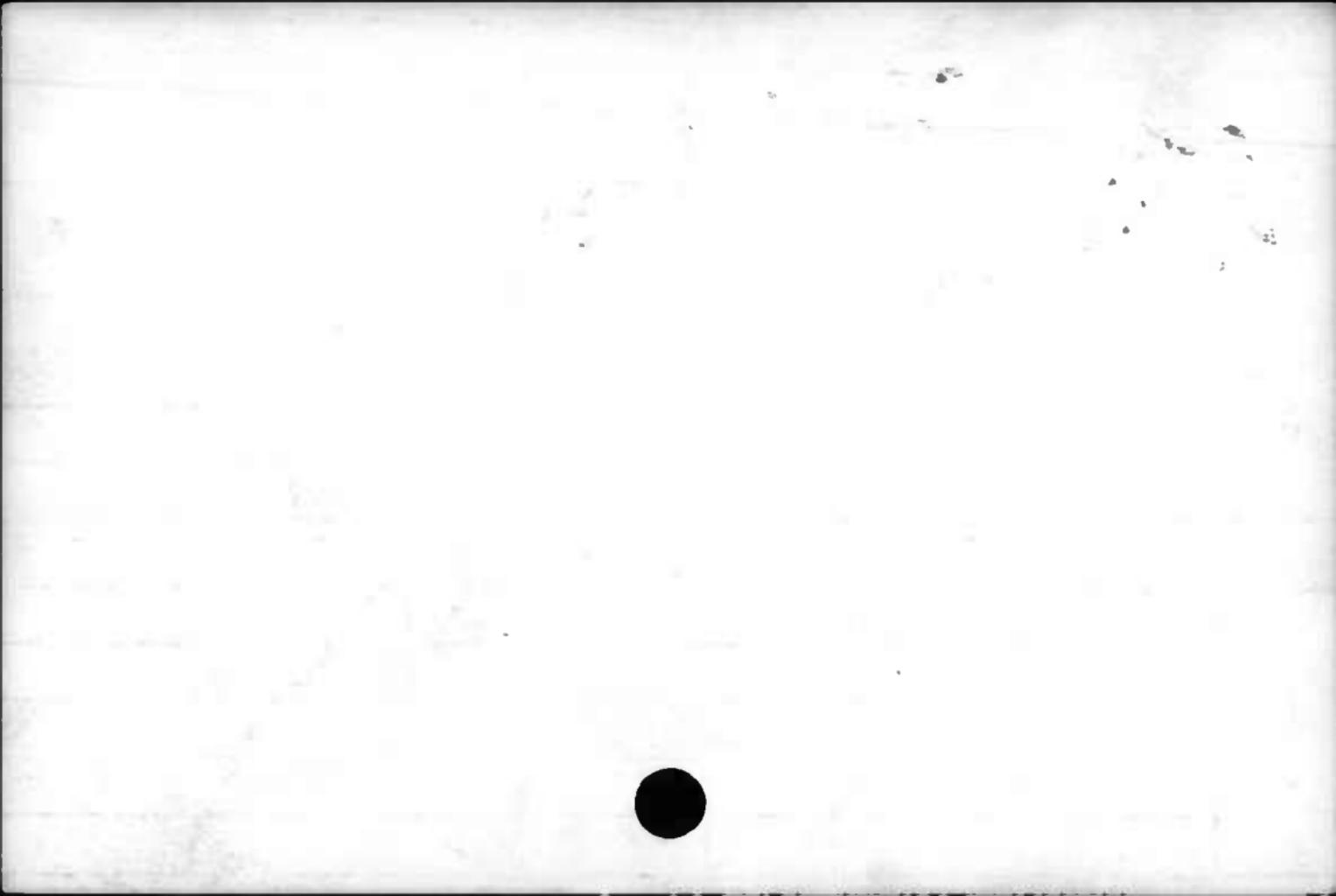
—

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

George E Lyles

CERTIFICATE OF DEATH

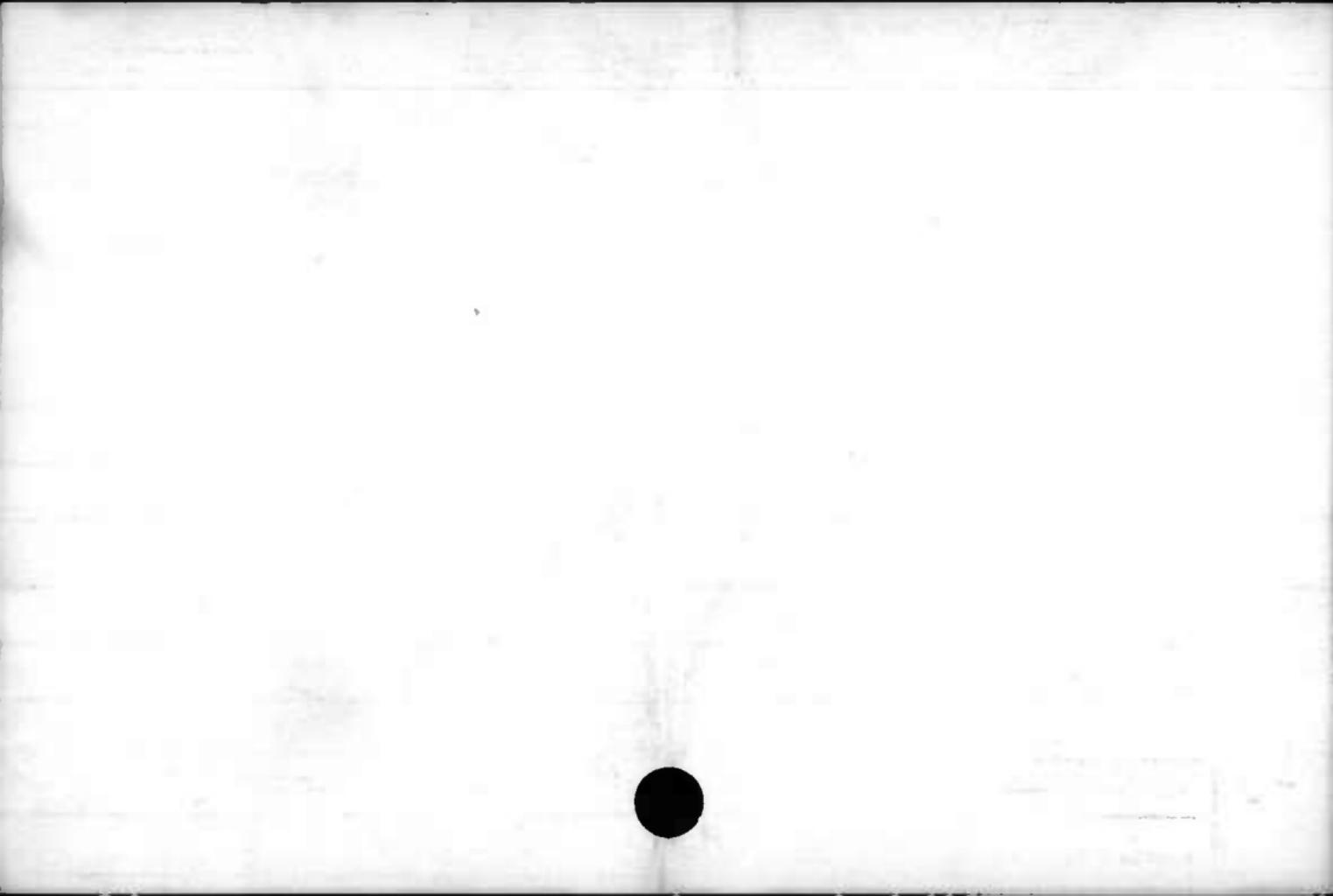
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth- place			
Married, Single or Widowed	Occupation					
Name of Wife or Husband	Married					
Father's Name	Bellah					
Mother's Maiden Name	George Lyles					
Name of person giving Information	Charlotte Carpenter					
Boonsboro						
Boonsboro						
Boonsboro						
Mother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dilation of Heart - no Heart failure		How long	Two months
Immediate			How long	Very sudden
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Wiley Fahey M.D.
			Address	Boonsboro Md.
Accident or Suicide?				



Name
in
Full

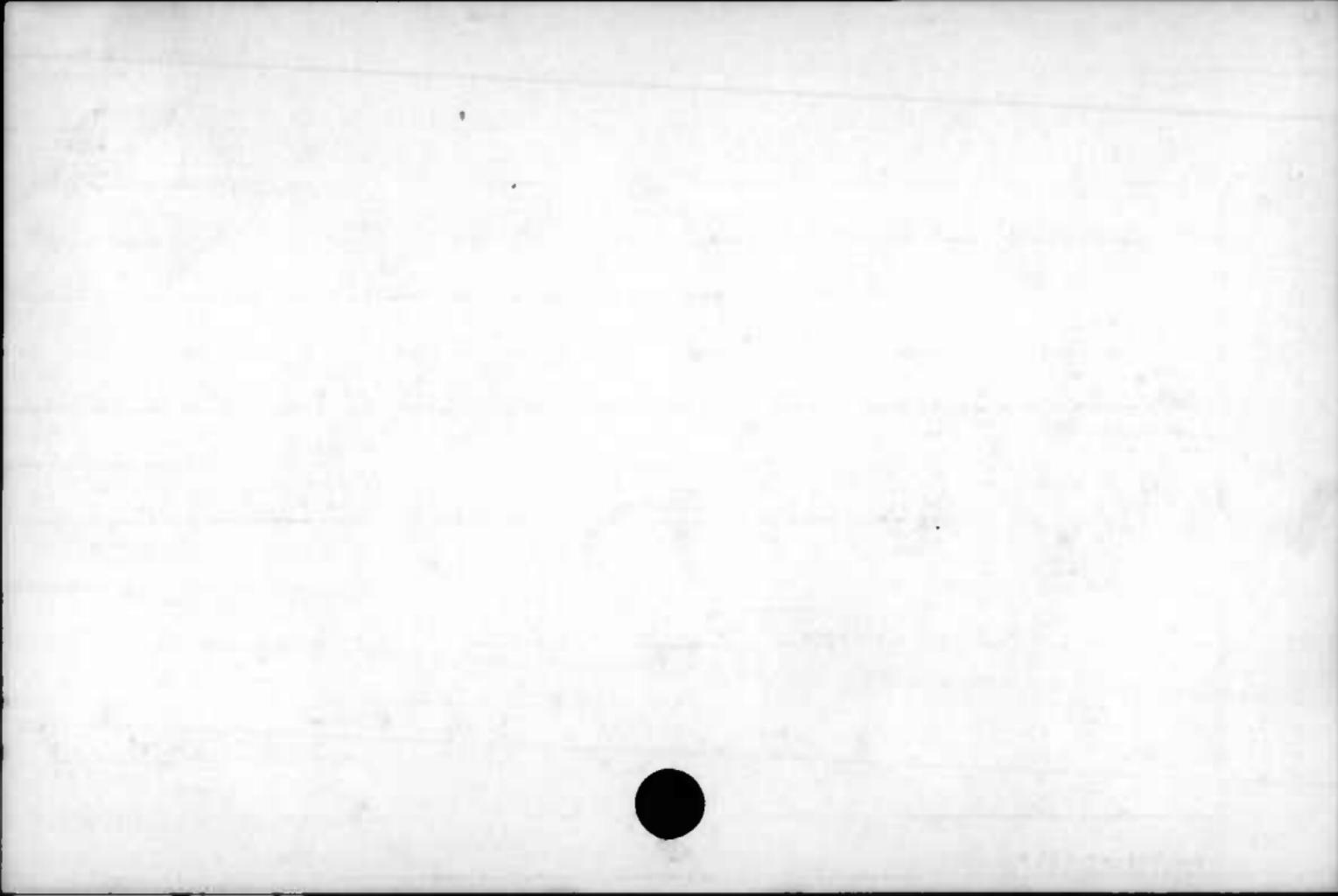
TO BE ANSWERED BY
NEAREST FRIEND

H. Wold Mantis							CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND			
Date of death 190	Month	Day	Years	Age	Months	Days		
2	12	13	—	—	4	—		
Sex	Male	Color or Race	White	Birth- place	Hagerstown			
Married, Single or Widowed			Occupation					
Name of Wife or Husband								
Father's Name	George Mantis				Father's Birthplace	Md		
Mother's Maiden Name	L. Grace Lechlerter				Mother's Birthplace	Md		
Name of person giving Information	Mrs. Mantis				How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	90	How long
Immediate	by drops		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
		at St. Luke's, MD	
Accident or Suicide?			



Name in Full

Certificate of Death

Harold Martin

Died at Sharsburg Town Washington County MARYLAND

Date <u>1902</u>	Month <u>Dec</u>	Day <u>9</u>	Age <u>50</u>	M. <u>Widow</u>	D. <u>Divorced</u>	Native of <u>Md</u>	Occupation <u>Farmer</u>
Male	White		Married				
<u>Ferret</u>	<u>Colored</u>		<u>Singer</u>	<u>Widower</u>		<u>Number of children living</u>	<u>3</u>

Husband
of

Wife

Father's
NameMother's
Name

Don't know

Don't know

Cause of Death	Primary <u>Typhoid Fever</u>	How long sick <u>4 weeks</u>
	Immediate <u>Angina Pectoris with Heart Failure</u>	Accident, Suicide, Homicide

Reported by

Address

Dr. Howell Garrison M.D.

Sharpsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Marker
Undertaker.

Name
in
Full

Still Born Child

Moreland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Hagerstown	Month	Day	Years	Months	Days	
Date of death 1902	Dec	18	Age	—	—	—	
Sex	Female	Color or Race	Black	Occupation	Birth-place	Hagerstown Md	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	West Moreland	Father's Birthplace	not known				
Mother's Maiden Name	Mabel Adams	Mother's Birthplace	Winchester				
Name of person giving Information	Mrs Hill	How related to deceased	Aunt				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

How long

Immediate

How long

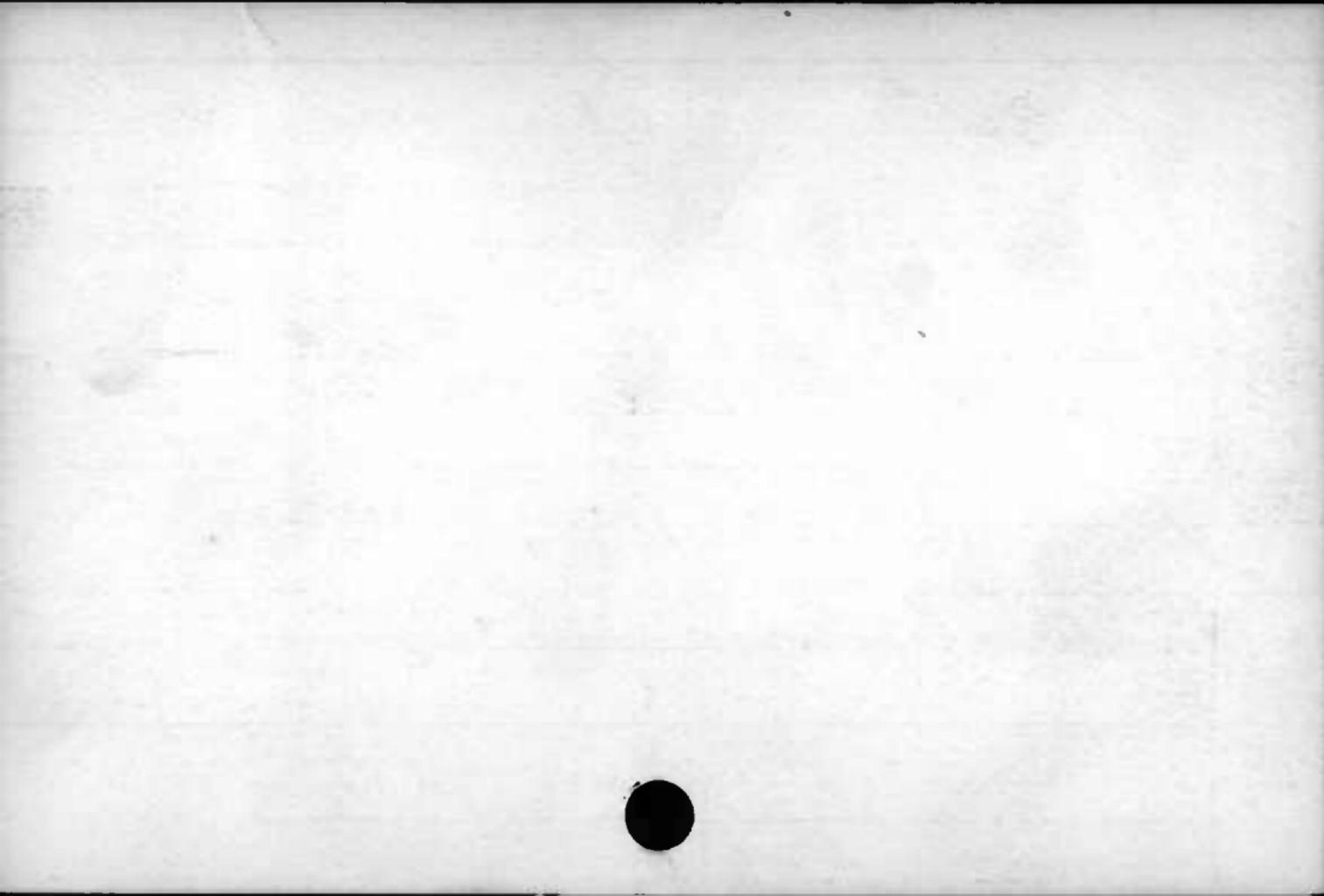
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E A. Wardwell

Accident or Suicide?



Name
in
Full

Mary E Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died at Boonsboro	Washington	
Date of death 1907 Month Dec	Day 27	Years 36
Age 11 Months 9 Days		
Sex Female	Color of Race White	Birth-place Maryland
Married, Single or Widowed	Occupation Seamstress	
Name of Wife or Husband		
Father's Name Jessie Morrison	Father's Birthplace and	
Mother's Maiden Name Katherine	Mother's Birthplace and	
Name of person giving Information Mother	How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis

How long

Immediate.

Heart Failure

How long

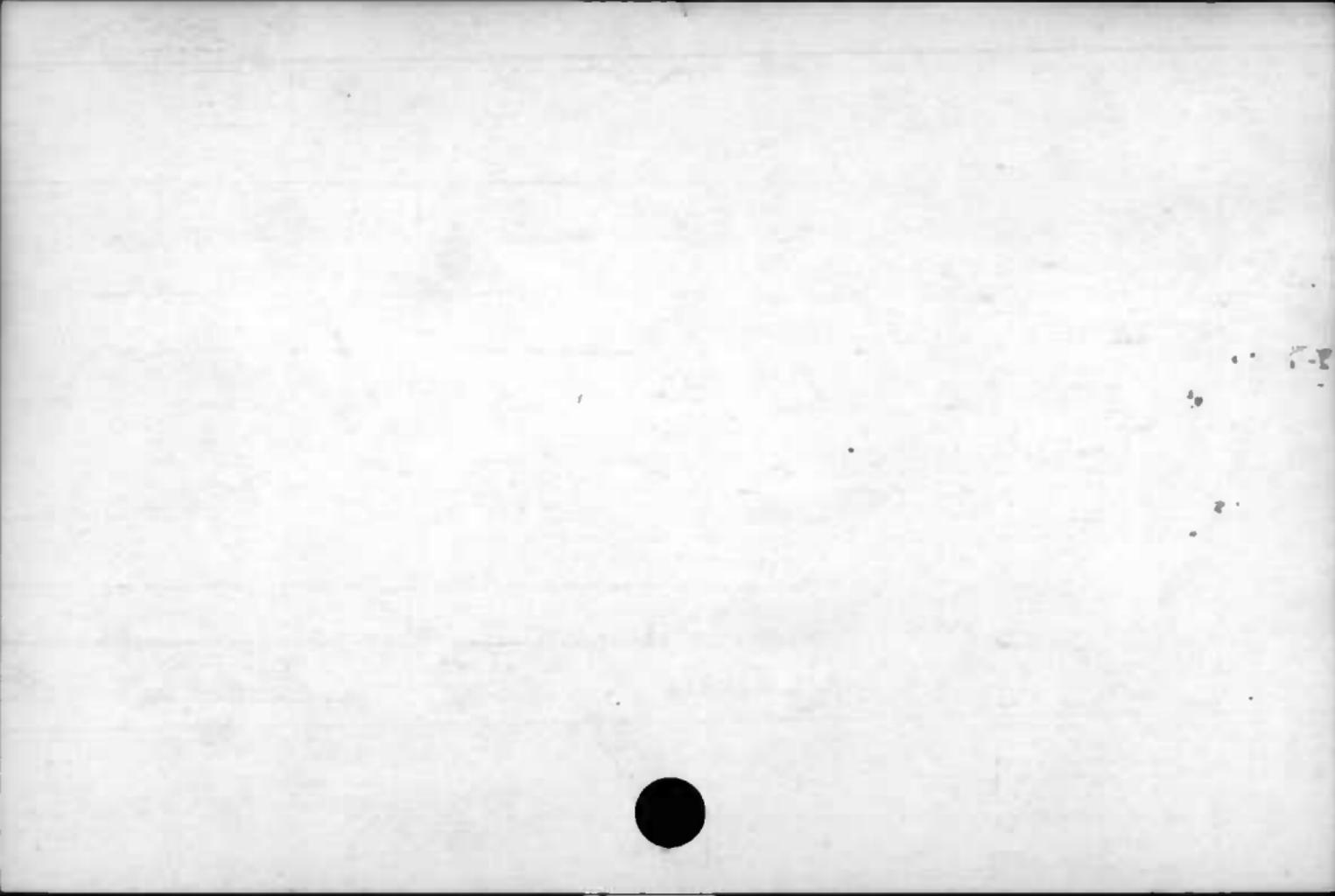
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

S. S. Davis

Boonsboro

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mr William Snow						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Died at	Huyette		Washington					
Date of death 190	21	Month 12	Day 23	Age 61	Years	Months	Days	
Sex	Male	Color or Race	White	Occupation	Washington			
Married, Single or Widowed	Married	Farmer						
Name of Wife or Husband	Rebecca Snow							
Father's Name	Don't know			Father's Birthplace	Don't know			
Mother's Maiden Name	" "			Mother's Birthplace	"			
Name of person giving information	William Snow			How related to deceased	Son			
CAUSES OF DEATH								
Primary	Paralysis			How long	immediately			
Immediate				How long				

Are the name, age, sex, color, date and place correctly given above?

Yes

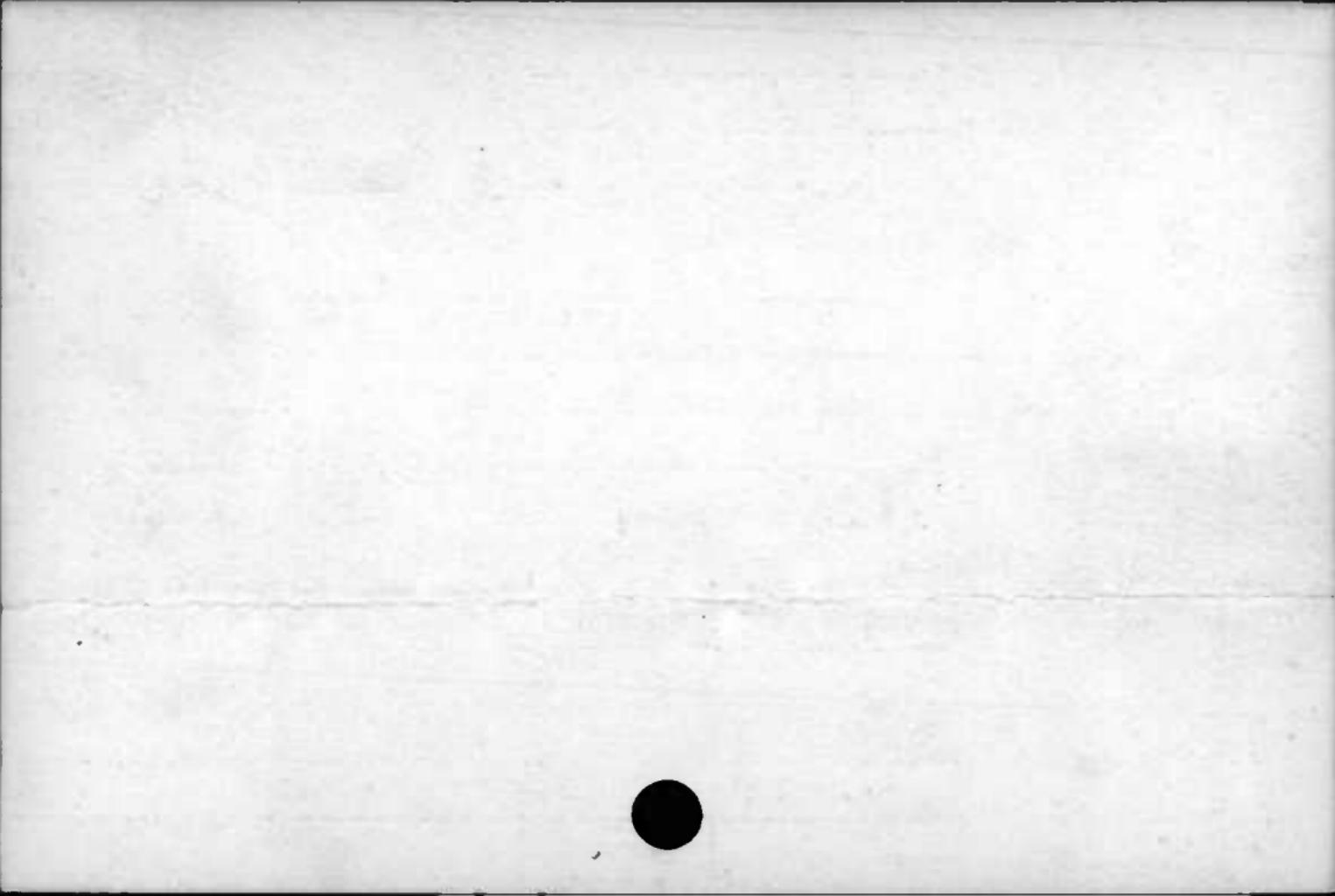
Signature of Physician

Address

Audrey & Coffman
Hayes town Md
Funeral director

Accident or Suicide?

No physician



Name
in
Full

Mary W. Ilvaine Osborne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Age	70
Married, Single or Widowed	Occupation	Birth-place	Va.
Name of Wife or Husband	C. F. Osborne		
Father's Name	Martin P. Parks	Father's Birthplace	N. Carolina
Mother's Maiden Name	Georgiana Clough	Mother's Birthplace	Va.
Name of person giving information	Miss Mattie C. Parks	How related to deceased	Sister.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grip

10

How long

Immediate

Tuberculosis of Lungs

about 12 months

Are the name, age, sex, color, date and place correctly given above?

Yes

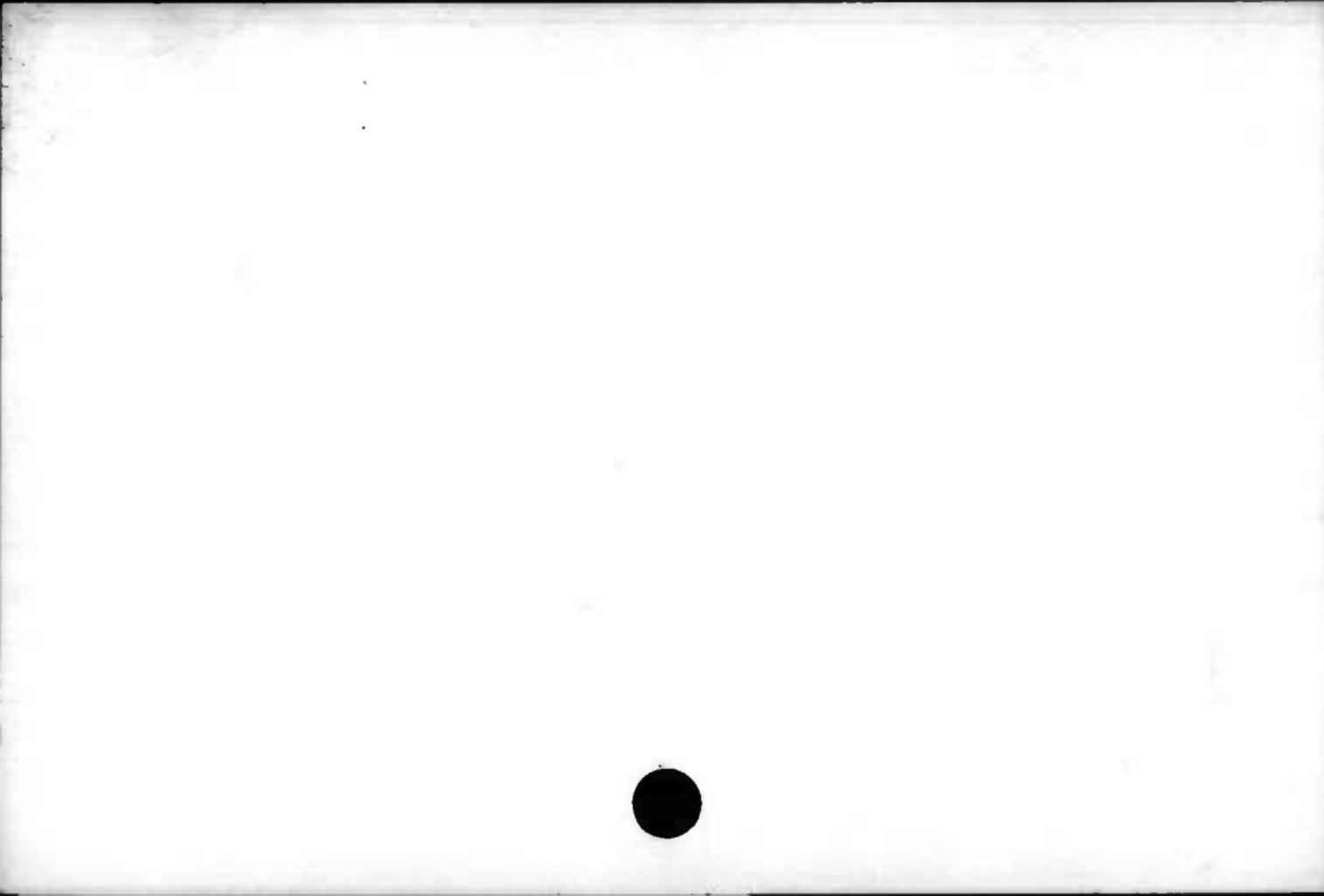
Signature of Physician

Address

J. W. Simonds

Hagerstown Md.

Accident or Suicide?



Name
in
Full

Mary A. Peterman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died	Town	County	MARYLAND		
Date of death 1902	Month Dec	Day 20	Age 73	Years 7	Months 2
Sex Female	Color or Race	White	Birth- place	Frederick	
Married Single or Widowed	Occupation				
Name of Wife or Husband	Geo. L. Peterman				
Father's Name	James Mc Graw			Father's Birthplace	Ireland
Mother's Maiden Name	Sallie Benner			Mother's Birthplace	Sharpsburg
Name of person giving Information	Jas. Peterman			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	X	How long 18 or 14 months
Immediate	Hearth Disease & Drapay		How long " " "
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	S. Howell Gardun
		Address	8. Sharpsburg Maryland
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Rose

CERTIFICATE OF DEATH

Died at <u>Cækles mills</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>12</u>	Day <u>30</u>	Age <u>61</u>	Years	Months <u>4</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation <u>Day Laborer</u>				Birth- place <u>North Carolina</u>
Married, Single or Widowed						
Name of Wife or Husband <u>Georgann Rollins</u>						
Father's Name <u>Don't Know</u>	Father's Birthplace <u>North Carolina</u>					
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>11 11</u>					
Name of person giving Information <u>John R Brown</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

Primary

3rd Stage Fever
Exhaustion

How long

10 weeks

Immediate

How long

1 week

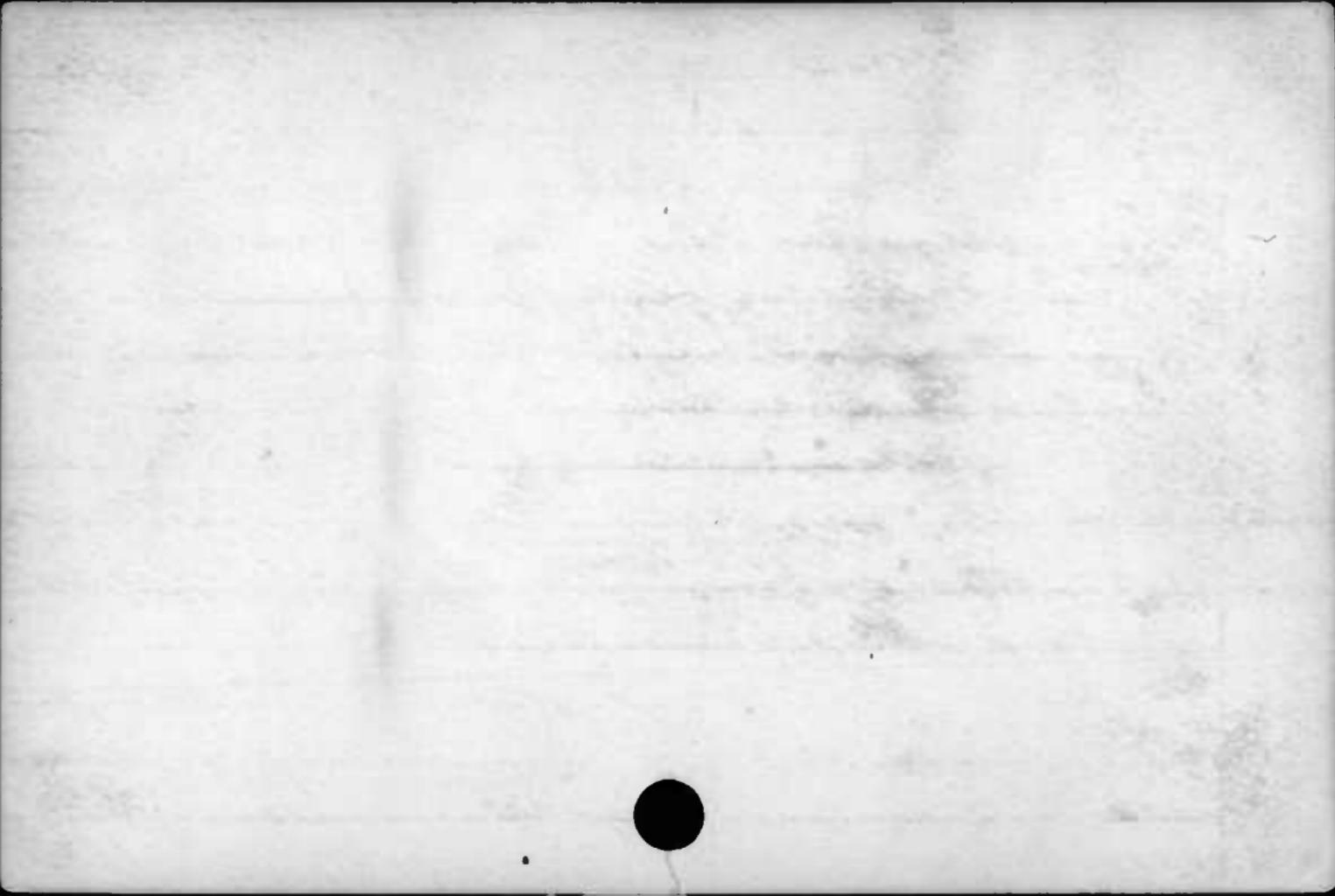
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H.W. Sulmer M.D.
Stevensville
Maryland

Accident or Suicide?



Name
in
Full

Francis Rowland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 12	Day 19	Years 57	Months 5	Days 11
Sex Female	Color or Race White	Birth- place Md			
Married, Single or Widowed Divorced	Occupation Housewife				
Name of Wife or Husband Clinton Rowland					
Father's Name David Earle	Father's Birthplace 120				
Mother's Maiden Name Rebecca Bowes	Mother's Birthplace				
Name of person giving Information Clinton Rowland	How related to deceased Son				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Ch. nephritis & Endo Paroxysms suralgic How long
How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

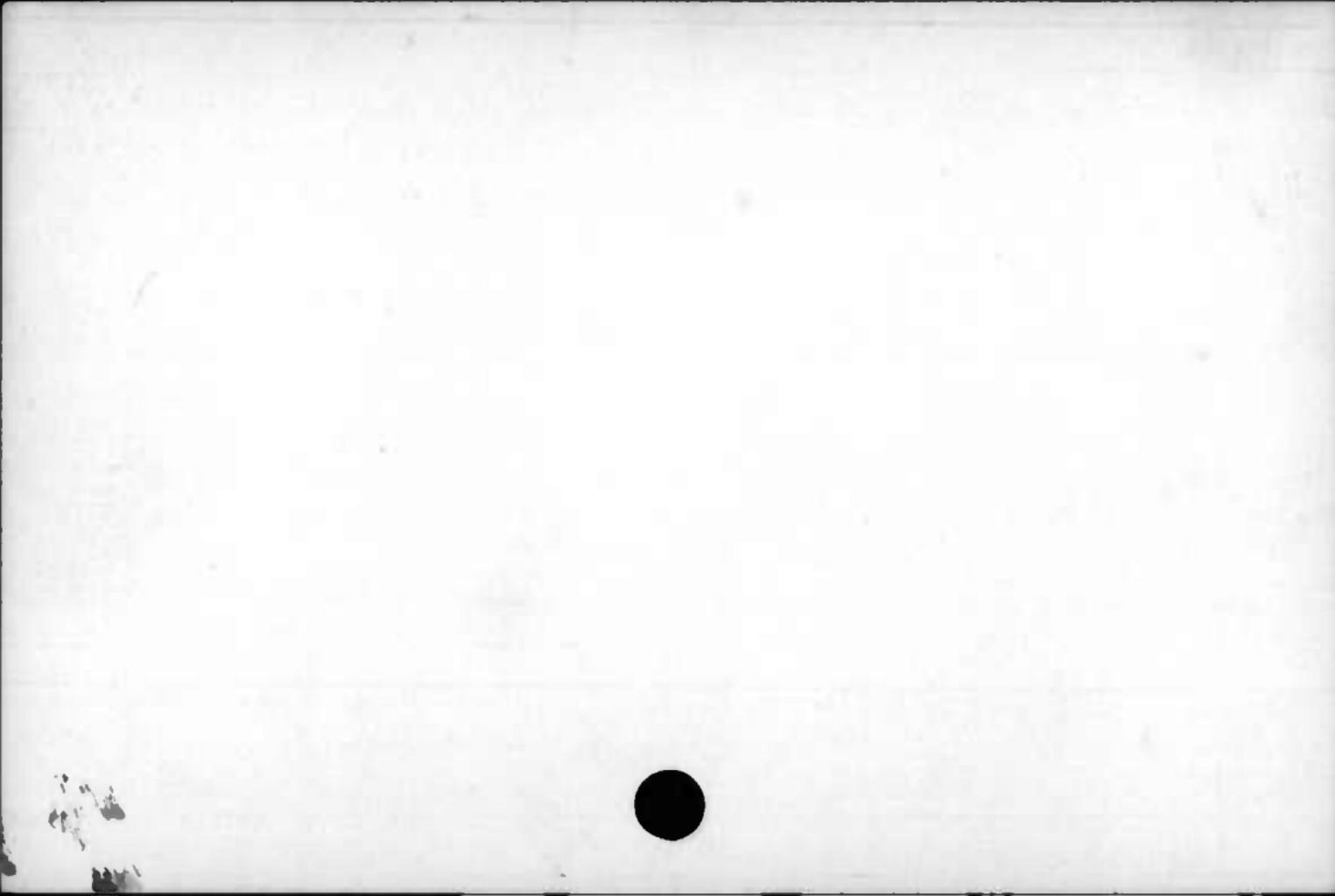
yes

Signature of
Physician

Address

Wm. Lester Miller
Hagerstown Md

Accident or Suicide?



Name
in
Full

Golden Shunk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown		Town	County Washington		MARYLAND	
Date of death 1902	Month 12	Day 20	Age ~	Years	Months 3	Days ~
Sex Female	Color or Race white	Birth-place Hagerstown Md				
Married, Single or Widowed single -	Occupation —					
Name of Wife or Husband —						
Father's Name Ambrose Shunk	Father's Birthplace Virginia					
Mother's Maiden Name Jessie Gmel	Mother's Birthplace Virginia					
Name of person giving information Ambrose Shunk	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

105

How long

3 mos.

Immediate

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Kicha Shunk Jr.

Address

Hagerstown Md.

Accident or Suicide?

—



Name
in
Full

Esther Suth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Haystoun	Washington	
Date of death 190	Month 12	Day 19	Years 11 Months 10 Days 14
Sex	Female	Color or Race	Black
Married, Single or Widowed	Single	Occupation	Child
Name of Wife or Husband			
Father's Name	Loydon Suth	Father's Birthplace	Don't Know
Mother's Maiden Name	Jessie Williams	Mother's Birthplace	Haystoun
Name of person giving Information	Jessie Suth	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Conseptioe

21

How long

2 yrs

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

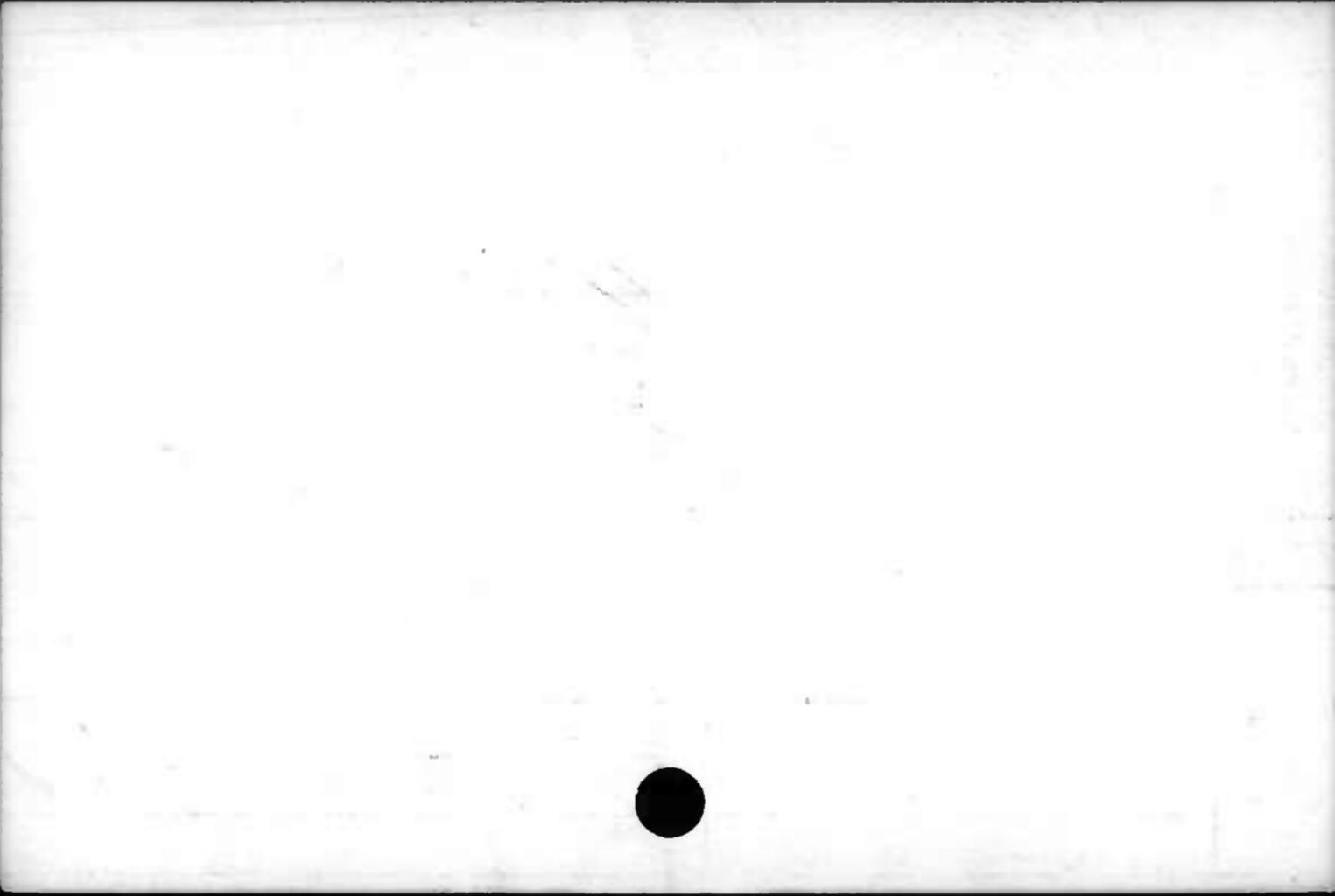
Address

Audrey Koffman

Haystoun Md

Funeral Director

Accident or Suicide?



Name
in
Full

Samuel Snyder.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month 12	Day 8	Years	Months	Days
Sex Male.	Color or Race	White.	Occupation	labor.	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	Geo Kreps. 166				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Tall down steps.
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Anne R. Spielman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex Female	Color or Race	white	Birth-place	md	
Married or Widowed	Occupation				
Name of wife or Husband	Housewife				
Father's Name	Solomon Davis		Father's Birthplace	md	
Mother's Maiden Name	Mary Cook		Mother's Birthplace	md	
Name of person giving information	Mollie Weaver b. 18		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dementia	How long	one year
Immediate	Exhaustion	How long	month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L.M. Reichard
		Address	Railplay, Wash. C.
Accident or Suicide?			



Amanda B. King

Died at	Town	County			MARYLAND
Near Locust St.		Washington			
Date 1902	Month Dec 19	Day	Y. M. D.	Native of	Occupation
				Ohio	Housewife
Title	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	None

Husband of

Lavinia B. King

Wife

Father's

Name

Mother's

Maiden Name

John J. Hughes Margaret Thomas

Cause of

Primary

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Martin Jenkins, Jr., Son, F.D.S.

Address

Reedcock [redacted] Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan Stouffer

Town

County

Died at

Cearfoss

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

12 21

Age

60 - 11

Md

W W

Male

White

Married

Widow

DivorcedFemale

Colored

Single

Widower

Number of children living

2

Husband ofCharles Stouffer

Wife

Father's Name

Jacob Bixby Mother's Maiden Name Amelia Erick

Cause of

Primary

Pneumonia

How long sick

Six days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Franklin 93Hagerstown

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nelson Wilton Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month 12	Day 21	Years 16 Months 5 Days 10
Sex Male	Color or Race Colored	Birth-place Md	
Married, Single or Widowed Single	Occupation Laborer		
Name of Wife or Husband			
Father's Name Wilton Taylor	Father's Birthplace		
Mother's Maiden Name Mary E. Oren	Mother's Birthplace		
Name of person giving Information Mary E. Taylor	How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis
Exhaustion

How long

Two months

Immediate

90

How long

one week

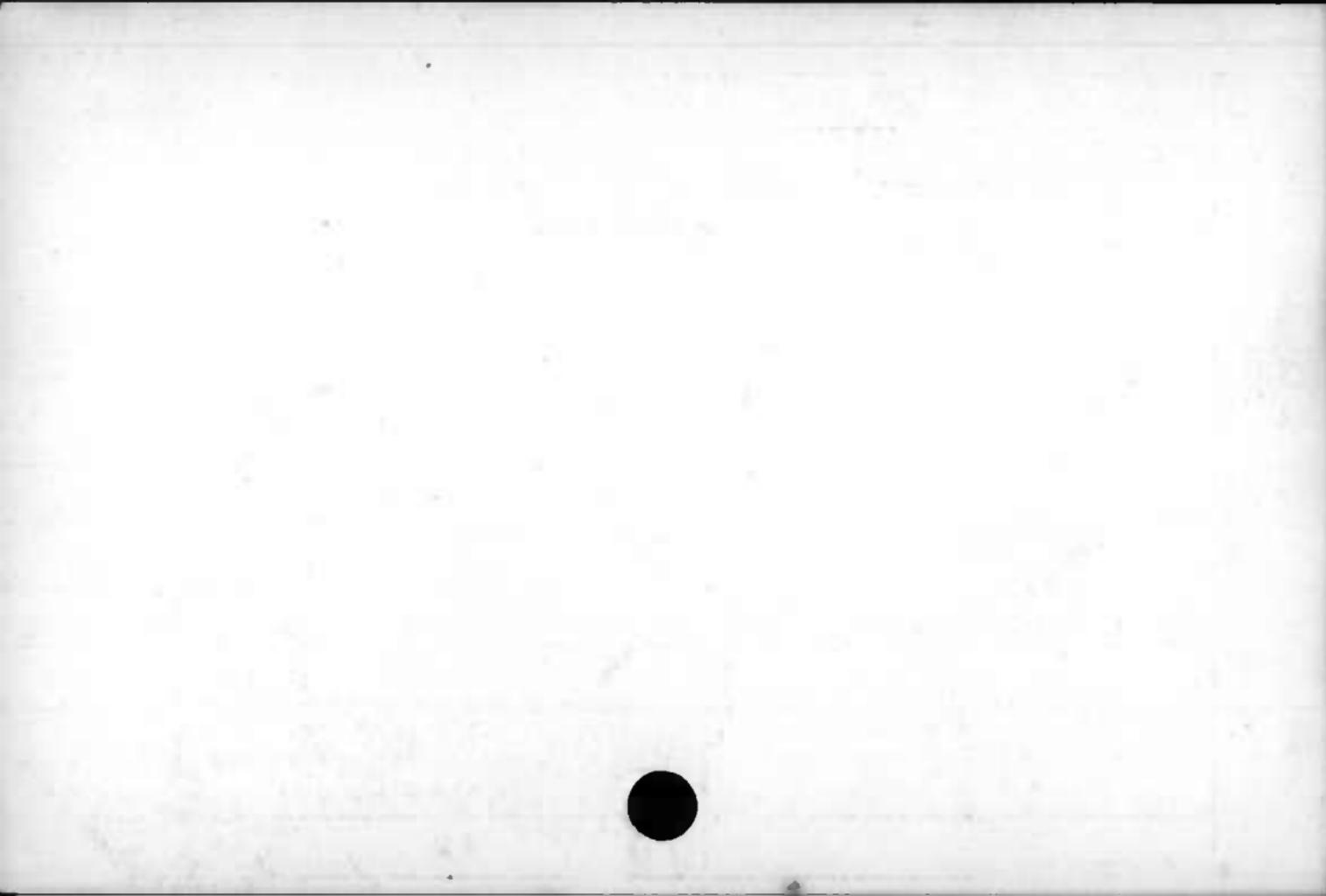
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. D. W. Slagay,
Hagerstown, Md.

Accident or Suicide?



Name
in
Full

Oliver Thomas

CERTIFICATE OF DEATH

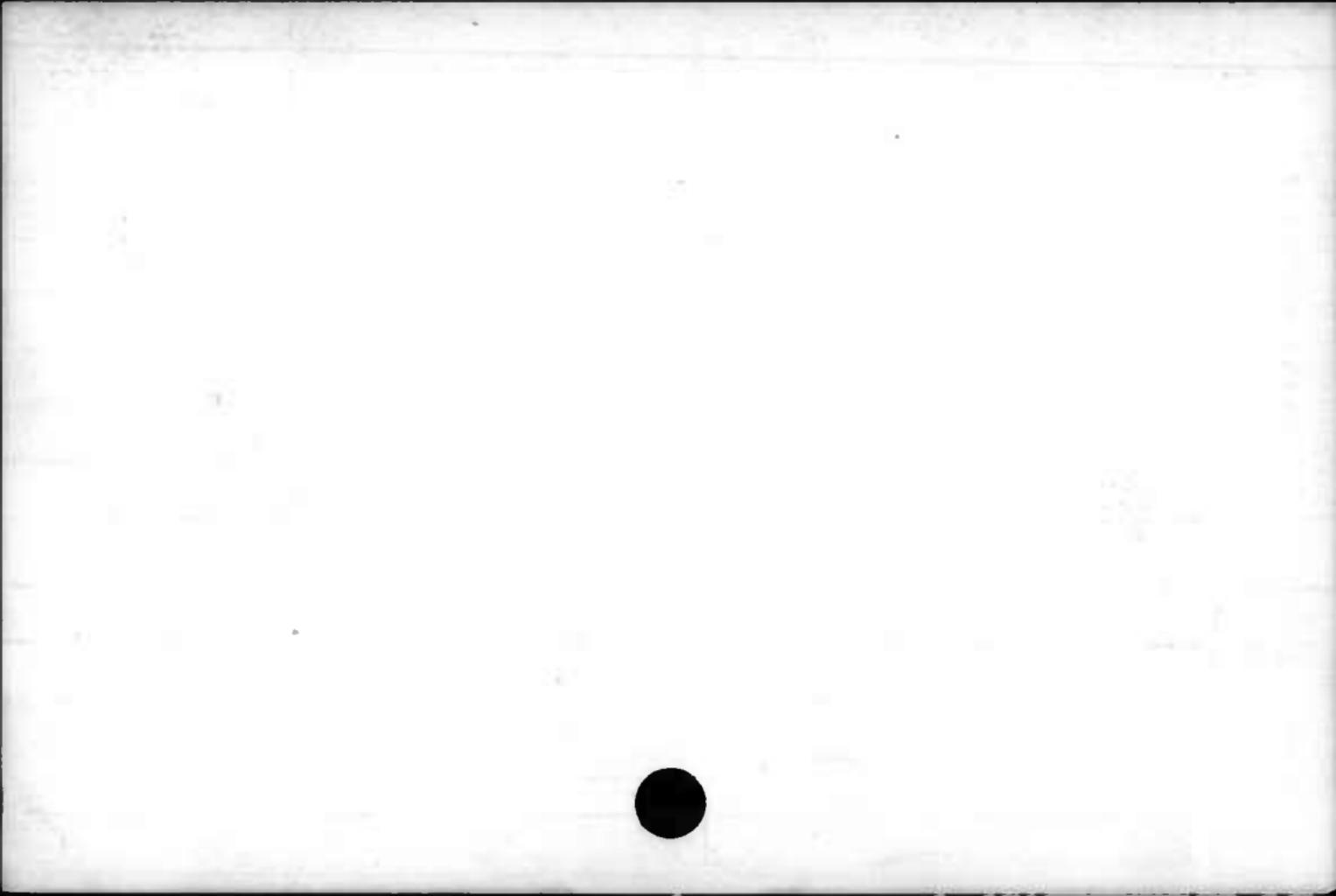
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County
Harrisburg		
Date of death 1902	Month 12	Day 13
Age 34	Years	Months
Sex Male	Color or Race Black	Birth-place Hazleton
Married, Single or Widowed Married	Occupation Labourer	
Name of Wife or Husband Henrietta Butler		
Father's Name Joe Thomas	Father's Birthplace Beaver Creek	
Mother's Maiden Name Harrett Washington	Mother's Birthplace Buskiss	
Name of person giving information Henrietta Thomas	How related to deceased Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed on R.R.	How long 166	How long Instantly
Immediate		How long	Instantly
Are the name, age, sex, color, date and place correctly given above?	Yes	Address	A. K. Carpenter Hazleton Ind
Accident or Suicide?	Acident	Purval director	



Name
in
Full

Charles S. Troop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		State	
Kearneysville	Washington			MARYLAND	
Date of death	Month	Day	Years	Months	Days
1902	12	18	Age	2	7
Sex	Color or Race	Occupation		Birth-place	
Male	White	None		Kearneysville	
MARRIED Single or Widowed					
Name of Father Husband	George Troop		Father's Birthplace	Timberlawn	
Father's Name	Bertha Troop		Mother's Birthplace	Cavetown	
Mother's Maiden Name	Bertha Troop		How related to deceased	Mother	
Name of person giving information	Bertha Troop				

CAUSES OF DEATH

Primary

La Grippe

10.

How long

Two weeks

Immediate

Broncho Pneumonia

How long

4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color date and place correctly given above?

Signature of Physician:

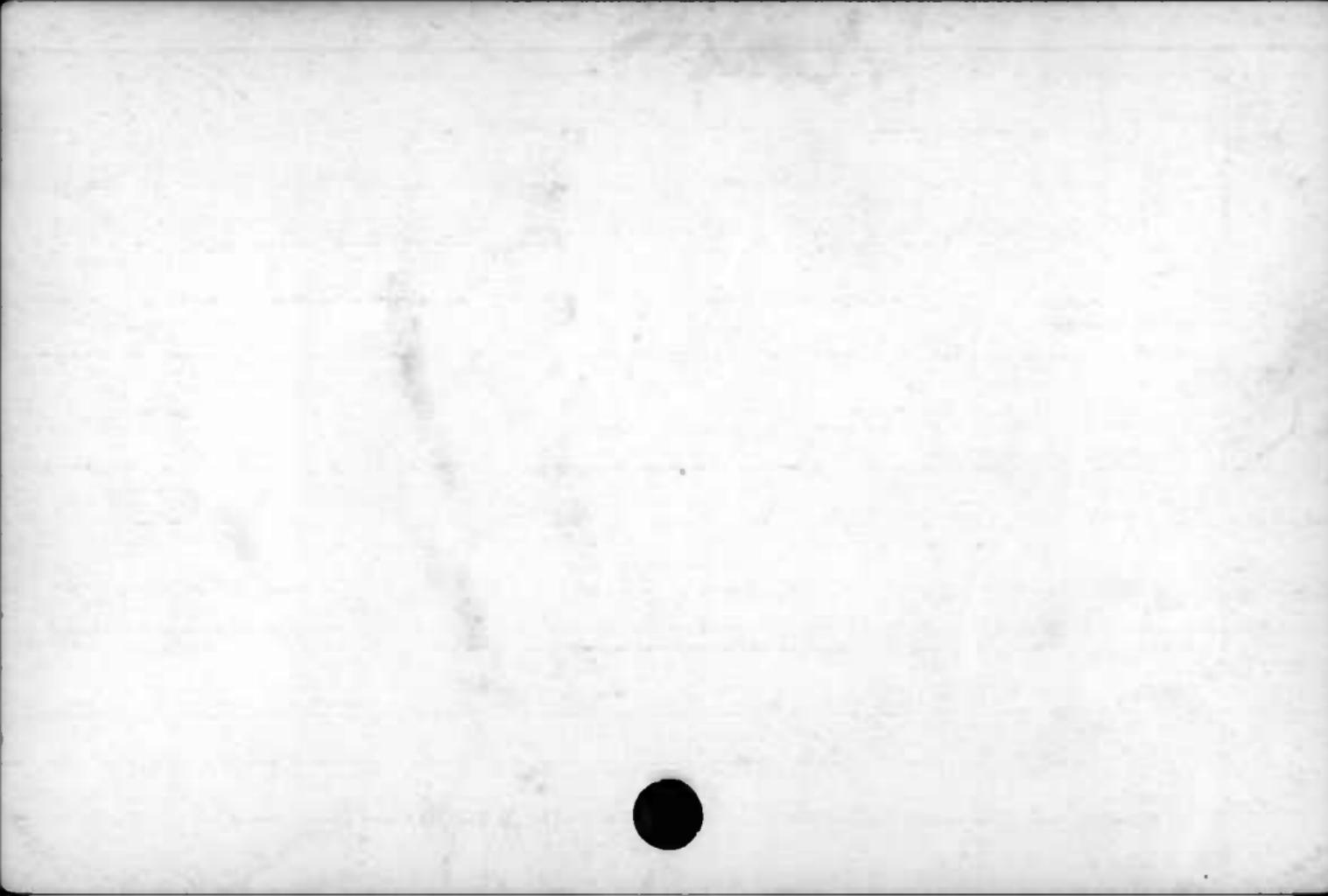
H. M. Schiser

Address

Kearneysville MD

Accident or Suicide?

Yes



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stillborn child of Harry L Wallace

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1902	Month 12	Day 17	Years	Months	Days
Sex	Male	Color or Race	Age	White	Birth- place	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Harry L Wallace			Father's Birthplace		
Mother's Maiden Name	Edith M. Flut			Mother's Birthplace		
Name of person giving Information	Harry L Wallace			How related to deceased		
CAUSES OF DEATH						
Primary	S.			How long		
Immediate	Born & dead			How long		

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

yes

J. E. Pitsuogle
Hagerstown
Md

